SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 75 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) New York Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Mr. John Y. Kim Date of Receipt Mailing Address 240 Park Avenue South Apt. 10A 04 30 2014 City State Zip Code Transaction ID: PR282425610359 NY New York 10003-1416 Amount of Each Receipt this Period FEC ID number of contributing 96.00 federal political committee. Name of Employer Occupation Vice Chairman, Pres of the Inv Grp & C New York Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$48.00 Bi-Weekly) 384.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William R. McCloe Date of Receipt Mailing Address 1049 Quail Pointe Drive 30 2014 04 City State Zip Code Transaction ID: PR285420110359 Charleston WV 25302-1496 Amount of Each Receipt this Period FEC ID number of contributing 230.76 federal political committee. Name of Employer Occupation New York Life Insurance Company Senior Partner Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$115.38 Bi-Weekly) 923.04 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Jenny O. Kho Date of Receipt Mailing Address 77 Cumberland Drive 30 04 2014 City Zip Code State Transaction ID: PR29110359 NY Yonkers 10704-3525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation New York Life Insurance Company Agent Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$250.00 Monthly) 1000.00 Other (specify) 576.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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